Instructions to the Applicant

The information you provide in this Personal History Statement will be used in the background investigation to assist in determining your suitability for the position of **California Peace Officer**, in accordance with POST Commission Regulation 1953.

- It is your responsibility to complete this form and provide all required information.
- Following instructions given by the hiring department, type or neatly print in black ink.
- You must respond to all items and questions. If a question does not apply to you, write "N/A" (not applicable) in the space provided for your response.
- If you need more space for any response, use the supplemental information page on the last page of this form (page 25) and identify the additional information by the question number.
- Following instructions given by the hiring department, provide the completed form to your background investigator or the agency to which you are applying. Do NOT send the form to POST.

Disqualification

There are very few *automatic* bases for rejection. Even issues of prior misconduct, such as prior illegal drug use, driving under the influence, theft, or even arrest or conviction are usually not, in and of themselves, automatically disqualifying. However, *deliberate misstatements or omissions* can and often will result in your application being rejected, regardless of the nature or reason for the misstatements/omissions. In fact, the number one reason individuals "fail" background investigations is because they deliberately withhold or misrepresent job-relevant information from their prospective employer.

BOTTOM LINE: You are responsible for providing complete, accurate, and truthful responses.

Disclosure of Medically-Related Information

In accordance with the U.S. Americans with Disabilities Act, the Genetic Information Nondiscrimination Act (GINA), and the California Fair Employment and Housing Act, applicants are not expected or required to reveal any medical or other disability-related information about themselves or their family members in response to questions on this form.

I have read and I understand the above instructions.

Signature: _____

Date: _____

POST 2-251 (Rev 2/2018)								
SECTION 1: PERSONAL								
1. YOUR FULL NAME								
LAST	l	FIRST			MIDDL	E		
2. OTHER NAMES YOU HAVE USED OR BEEN KN	OWN BY (INCLUDE MAID	EN NAME AND	NICKNAMES)					
								□ N/A
3. ADDRESS WHERE YOU LIVE								
NUMBER / STREET					APT / U	INIT		
CITY					STATE	ZIP		
4. MAILING ADDRESS, IF DIFFERENT FROM ABO					STATE	ZIF		
4. MAILING ADDRESS, IF DIFFERENT FROM ADD	E (FOR EXAMPLE, FO B	0,						
5. CONTACT NUMBERS								
	rк ()	EVT)			FAX	
	rk ()	EXT	OTHER (
6. CONTACT EMAIL		7. LIST AL	L OTHER EMAIL ADDRESSES	(SEPARATED	BY COMMAS)			
8. CITIZENSHIP								
Are you a U.S. citizen? IF NO, are you a resident alien who is								No No
9. BIRTH PLACE (CITY / COUNTY / STATE / COUN	IIRY)							
10. BIRTHDATE (MM/DD/YYYY) 11. SOCIAL S	ECURITY NUMBER	12. DRIVER'S L	ICENSE					
-	· _	NUMBER:		S	TATE:	EXPIRES:		
13. PHYSICAL DESCRIPTION								
HEIGHT:	WEIGHT:		HAIR COLOR:		EY	E COLOR:		
SECTION 2: RELATIVES AND REF	ERENCES							
14. IMMEDIATE FAMILY								
Provide all applicable information	in the spaces below	v. • Mark	("Deceased," if appropr	iate.				
Mark "N/A" if a category is not ap	plicable.	• If mo	ore space is needed, co	ntinue on pa	nge 25 – ref	erence corre	esponding	numbers.
14.A Spouse / Registered Domestic Pa	rtnor						eceased	□ N/A
NAME	HOME ADDRESS (N	UMBER / STRE	ET / APT)	CITY	_		STATE ZIP	
HOME PHONE	WORK ADDRESS (N	IUMBER / STRE	ET / SUITE)	CITY			STATE ZIP	1
()								
WORK PHONE	CELL PHONE		EMAIL					
()	()							
DATE OF MARRIAGE/REGISTRATIO	· · · ·							
_			Is there, or has there en					_
/ (MM/YYYY)			order in effect involving	you and thi	s individual	?	Ye	es 🗌 No
14.B Former Spouse / Former Register	red Domestic Partn	ier				De	eceased	□ N/A
NAME	HOME ADDRESS (N	UMBER / STRE	ET / APT)	CITY			STATE ZIP	j
HOME PHONE	WORK ADDRESS (N	IUMBER / STRE	ET / SUITE)	CITY			STATE ZIP	1
()								
WORK PHONE	CELL PHONE		EMAIL				I	
()	()							
DATE OF MARRIAGE/REGISTRATIO	N DATE OF DISSOLUT	ON						

Ι

(MM/YYYY)

/

(MM/YYYY)

Is there, or has there ever been, a restraining or stay-away

order in effect involving you and this individual?..... Yes No

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		RELATIVES AND F	REFERE	NCES continued	1						
14.C P	arents /	Guardians / In-laws	\$								
Li	ist ALL p	parents/guardians/in-l	laws livin	g or deceased, ir	cluding bio	ological,	adoptive, foste	r, step-pare	ents, etc.		
14.C.1	Parent	/ Guardian / In-law:	Moth	ner 🗌 Father	Step-m	other	Step-father	In-law	Other:		Deceased
NAME				HOME ADDRESS (N	IUMBER / STF	REET / AP	T)	CITY		STATE	ZIP
										OTATE	710
		HOME PHONE		MAILING ADDRESS	(IF DIFFEREI	NT)		CITY		STATE	ZIP
		WORK PHONE		CELL PHONE		EMAIL					
		()		()							
14.C.2	Parent	/ Guardian / In-law:	Moth	ner 🗌 Father	Step-m	other	Step-father	In-law	Other:		Deceased
NAME				HOME ADDRESS (N	IUMBER / STF	REET / AP	T)	CITY		STATE	ZIP
		HOME PHONE		MAILING ADDRESS				CITY		STATE	ZIP
			MAILING ADDRESS		NT)		GIT		STATE		
	WORK PHONE CELL			CELL PHONE		EMAIL					
		()		()							
14.C.3	Parent	/ Guardian / In-law:	Moth	ner 🗌 Father	Step-m	other	Step-father	In-law	Other:		Deceased
NAME				HOME ADDRESS (N	IUMBER / STF	REET / AP	T)	CITY		STATE	ZIP
		···									
		HOME PHONE		MAILING ADDRESS	(IF DIFFERE	NT)		CITY		STATE	ZIP
		WORK PHONE		CELL PHONE		EMAIL					
		()		()							
14.C.4	Parent	/ Guardian / In-law:	Moth	ner 🗌 Father	Step-m	other	Step-father	In-law	Other:		Deceased
NAME				HOME ADDRESS (N	IUMBER / STF	REET / AP	T)	CITY		STATE	ZIP
										OTATE	710
		HOME PHONE		MAILING ADDRESS	(IF DIFFEREI	NT)		CITY		STATE	ZIP
		WORK PHONE		CELL PHONE		EMAIL					
		()		()							
14.C.5	Parent	/ Guardian / In-law:	Moth	ner 🗌 Father	Step-m	other	Step-father	In-law	Other:		Deceased
NAME				HOME ADDRESS (N				CITY		STATE	ZIP
		HOME PHONE		MAILING ADDRESS	(IF DIFFERE	NT)		CITY		STATE	ZIP
		() WORK PHONE		CELL PHONE		EMAIL					
		()		()							
14.C.6	Parent	/ Guardian / In-law:	Moth	ner 🗌 Father	Step-m	other	Step-father	In-law	Other:		Deceased
NAME				HOME ADDRESS (N				CITY		STATE	ZIP
		HOME PHONE		MAILING ADDRESS	(IF DIFFERE	NT)		CITY		STATE	ZIP
		() WORK PHONE		CELL PHONE		EMAIL					
		()		()							
		\ /		x /							

Supplemental relatives information included on page 25 \Box

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SECT	ON 2:	RELATIVES	AND REF	ERE	NCES continued				
14.D B	rothers	/ Sisters							□ N/A
Li	st ALL I	-IVING sibling	s, includinę	g half-	siblings, step-siblings, foste	er-siblings, etc.			
	Sibling	: 🗌 Brother	Siste		Half-brother Half-siste				
NAME				AGE	HOME ADDRESS (NUMBER / STR	REET / APT)	CITY	STATE	ZIP
		HOME PHONE			MAILING ADDRESS (IF DIFFEREN	NT)	CITY	STATE	ZIP
		()							
		WORK PHONE			CELL PHONE	EMAIL		1	
		()			()				
14.D.2	Sibling	: 🗌 Brother	Siste	er 🗌	Half-brother Half-siste	r 🗌 Other:			
NAME		-		AGE	HOME ADDRESS (NUMBER / STR	REET / APT)	CITY	STATE	ZIP
		HOME PHONE			MAILING ADDRESS (IF DIFFEREN	NT)	CITY	STATE	ZIP
		()							
		WORK PHONE			CELL PHONE	EMAIL			
		()			()				
14.D.3	Sibling	: 🗌 Brother	Siste	er 🗌	Half-brother 🗌 Half-siste	r 🔲 Other:			
NAME				AGE	HOME ADDRESS (NUMBER / STR	REET / APT)	CITY	STATE	ZIP
		HOME PHONE			MAILING ADDRESS (IF DIFFEREN	NT)	CITY	STATE	ZIP
		()							
		WORK PHONE			CELL PHONE	EMAIL			
		()			()				
14 D 4	Sibling	: Brother	□ Siste	r [Half-brother Half-siste	r 🔲 Other:			
NAME	Cloning				HOME ADDRESS (NUMBER / STF		CITY	STATE	ZIP
						,			
		HOME PHONE			MAILING ADDRESS (IF DIFFEREN	(Tk		STATE	ZIP
								SIAIL	
		WORK PHONE			CELL PHONE	EMAIL			
		()			()				

Supplemental relatives information included on page 25

14.E Children			□ N/A
List ALL LIVING children, including nature and contact information of the custodial	iral, adopted, step, and/or foster care. Include any parent/guardian, if other than you.	v other children who reside with you. P	rovide the name
	Other:		
NAME AGE			
	ADDRESS (NUMBER / STREET / APT)	CITY	STATE ZIP
	CONTACT NUMBER EMAIL ()		
14.E.2 Child: Son Daughter	Other:		
NAME AGE	CUSTODIAL PARENT/GUARDIAN (IF OTHER THAN YOU)		
	ADDRESS (NUMBER / STREET / APT)	CITY	STATE ZIP
	CONTACT NUMBER EMAIL ()		

POST	2-251 (R	ev 2/2018)								
SEC	FION 2: 1	RELATIVE	ES AND REF	EREN	CES continued					
14.E.3	Child:	Son 🗌	Daughter)ther:					
NAME				AGE	CUSTODIAL PARENT/GUARDIAN (IF OTHE	R THAN YOU)			
					ADDRESS (NUMBER / STREET / A			CITY	STATE	710
					ADDRESS (NUMBER / STREET / A	-1)		CIT	STATE	ZIF
					CONTACT NUMBER	EMAIL			I	
					()					
					()					
14.E.4	Child:	Son 🗌	Daughter		Other:					
NAME				AGE	CUSTODIAL PARENT/GUARDIAN (IF OTHE	R THAN YOU)			
					ADDRESS (NUMBER / STREET / A	PT)		CITY	STATE	ZIP
						,				
					CONTACT NUMBER	EMAIL				
					()					
Supp	emental r	elatives inf	ormation incl	⊔ uded o	n page 25					
					- p= 3+ =+ =					
15. LI	ST OF REFE	RENCES								
	List 7-1	0 people w	ho know vou	well su	ich as close personal relatio	nships	social and fam	ily friends, teachers, military c	olleaques an	d/or
					employers, housemates, or				onouguoo, un	
		REFERENCE			HOME ADDRESS (NUMBER / S			CITY	STATE	710
15.1	NAIVIE OF P	REFERENCE			HOME ADDRESS (NOMBER / S	IREEL	APT)	CITY	STATE	ZIP
10.1										
		HOME PHO	NE		WORK ADDRESS (NUMBER / S	STREET	/ SUITE)	CITY	STATE	ZIP
		()								
		WORK PHO			CELL PHONE		EMAIL			
			INE				EMAIL			
		()			()					
		How do vo	u know this per					How long have you known this n	orcon?	
			u know this per	5011?				How long have you known this pe	615011?	
	NAME OF F	REFERENCE			HOME ADDRESS (NUMBER / S	TREET	(APT)	CITY	STATE	ZIP
15.2										

	NAME OF R	EFERENCE	HOME ADDRESS (NUMBER / STREET / APT)		CITY	STATE	ZIP
15.2							
		HOME PHONE	WORK ADDRESS (NUMBER / STREET	/ SUITE)	CITY	STATE	ZIP
		()					
		WORK PHONE	CELL PHONE	EMAIL	L		
		()	()				

		How do you know this person?			How long have you known this person?			
	NAME OF R	EFERENCE	HOME ADDRESS (NUMBER / STREET /	(APT)	CITY	STATE	ZIP	
15.3								
		HOME PHONE	WORK ADDRESS (NUMBER / STREET	/ SUITE)	CITY	STATE	ZIP	
		()						
		WORK PHONE	CELL PHONE	EMAIL				
		()	()					
		How do you know this person?			How long have you known this person?			
	NAME OF R	EFERENCE	HOME ADDRESS (NUMBER / STREET /	(APT)	CITY	STATE	ZIP	
15.4								
		HOME PHONE	WORK ADDRESS (NUMBER / STREET	/ SUITE)	CITY	STATE	ZIP	
		()						
		WORK PHONE	CELL PHONE	EMAIL				
		()	()					
		How do you know this person?			How long have you known this person?			

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SEC	ECTION 2: RELATIVES AND REFERENCES continued								
15.5	NAME OF F	REFERENCE	HOME ADDRESS (NUMBER / STREET	/ APT)	CITY	STATE	ZIP		
15.5									
		HOME PHONE	WORK ADDRESS (NUMBER / STREET	/ SUITE)	CITY	STATE	ZIP		
		()							
		WORK PHONE	CELL PHONE	EMAIL					
		()	()						
		How do you know this person?			How long have you known this person?				
15.6	NAME OF F	REFERENCE	HOME ADDRESS (NUMBER / STREET	/ APT)	CITY	STATE	ZIP		
13.0									
		HOME PHONE	WORK ADDRESS (NUMBER / STREET	/ SUITE)	CITY	STATE	ZIP		
		()							
		WORK PHONE	CELL PHONE	EMAIL					
		()	()						
		How do you know this person?			How long have you known this person?				
15.7	NAME OF R	EFERENCE	HOME ADDRESS (NUMBER / STREET	(APT)	CITY	STATE	ZIP		
10.7									
		HOME PHONE	WORK ADDRESS (NUMBER / STREET	/ SUITE)	CITY	STATE	ZIP		
		()							
		WORK PHONE		EMAIL					
		()	()		1				
		How do you know this person?			How long have you known this person?				
15.8	NAME OF R	EFERENCE	HOME ADDRESS (NUMBER / STREET	(APT)	CITY	STATE	ZIP		
13.0									
		HOME PHONE	WORK ADDRESS (NUMBER / STREET	/ SUITE)	CITY	STATE	ZIP		
		()							
		WORK PHONE	CELL PHONE	EMAIL					
		()	()						
		How do you know this person?			How long have you known this person?				
15.9	NAME OF R	EFERENCE	HOME ADDRESS (NUMBER / STREET	(APT)	CITY	STATE	ZIP		
15.9									
		HOME PHONE	WORK ADDRESS (NUMBER / STREET	/ SUITE)	CITY	STATE	ZIP		
		()							
		WORK PHONE	CELL PHONE	EMAIL					
		()	()						
		How do you know this person?			How long have you known this person?				
45.40	NAME OF R	EFERENCE	HOME ADDRESS (NUMBER / STREET	/ APT)	CITY	STATE	ZIP		
15.10									
		HOME PHONE	WORK ADDRESS (NUMBER / STREET	/ SUITE)	CITY	STATE	ZIP		
		()							
		WORK PHONE	CELL PHONE	EMAIL		•			
		()	()						
		How do you know this person?	How long have you known this person?						

Supplemental references information included on page 25 \Box

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	-201	I VOV	2/201	0,

SECTION 3: EDUCATION

• NOTE: You will be required to furnish transcripts or other proof to support all of your educational claims in Section 3.

• If more space is needed, continue your response on page 25.

16. CHECK APPLICABLE	MM/YYYY	-	MM/YYYY		MM/YYYY
High School Diploma:	1	High School Equivalency Test:	1	California High School Proficiency Certificate:	/
		•		·	
17. LIST HIGH SCHOOL(S) ATTENE	JED				

	NAME OF HIGH SCHOOL		FROM (MM/YYYY)	TO (MM/YYYY)
17.1			1	/
		CITY	•	STATE
	NAME OF HIGH SCHOOL		FROM (MM/YYYY)	TO (MM/YYYY)
17.2	NAME OF HIGH SCHOOL		FROM (MM/YYYY) /	TO (MM/YYYY) /
	NAME OF HIGH SCHOOL	CITY	FROM (MM/YYYY)	TO (MM/YYYY) / STATE

18. LI	IST ALL COI	LEGES AND UNIVERSITIES ATTENDED				
	NAME OF 0	COLLEGE/UNIVERSITY	FROM (MM/YYYY)	TO (M	M/YYYY)	TOTAL UNITS COMPLETED
18.1			/		1	
		ADDRESS (NUMBER / STREET)				DEGREE EARNED
						YES NO TYPE:
		CITY		STATE	ZIP	MAJOR / AREA OF STUDY
	NAME OF (OLLEGE/UNIVERSITY	FROM (MM/YYYY)	TO (M	M/YYYY)	TOTAL UNITS COMPLETED
18.2			/		/	
		ADDRESS (NUMBER / STREET)				DEGREE EARNED
						YES NO TYPE:
		CITY		STATE	ZIP	MAJOR / AREA OF STUDY
	NAME OF (OLLEGE/UNIVERSITY	FROM (MM/YYYY)	TO (M	Ŵ/YYYY)	TOTAL UNITS COMPLETED
18.3			/		/	
		ADDRESS (NUMBER / STREET)				DEGREE EARNED
						YES NO TYPE:
		CITY		STATE	ZIP	MAJOR / AREA OF STUDY
		ADE, VOCATIONAL, AND BUSINESS SCHOOLS / INSTITUTES ATTEN				
	NAME OF 1	RADE VOCATIONAL OR BUSINESS SCHOOL/INSTITUTE	EROM (N	MM/VVVV	TO (MM/Y)	

			•••		DID TOO COMINELTE	THE COULDE.
19.1		1		/	🗌 Yes	No No
	CITY	STATE	TYPE C	OF SCHOOL OR TRAININ	١G	

Supplemental education information included on page 25

LIST ALL POST BASIC COURSES ATTENDED							
20.	20. Have you ever taken a PC832 (Arrest and/or Firearms) Course?						
		A. COURSE PRESENTER NAME	LOCATION (CITY / S	TATE)			
		B. COURSE COMPLETION Did you successfully complete the course?	Yes [] No	COMPLETION DATE (N	/M/YYYY)	

POS	T 2-251 (Rev 2/2018)								
SEC	SECTION 3: EDUCATION continued								
	Have you ever attended a POST Basic Course/Academy: R IF YES, provide the following information:	egular, Modular,	Specialized Investiga	tors', Reserve, or Di	spatcher? 🗌 Yes 🗌 No				
	NAME OF COURSE PRESENTER/ACADEMY		FROM (MM/YYYY)	TO (MM/YYYY)	DID YOU PASS/GRADUATE?				
21.1			/	/	🗌 Yes 🗌 No				
	LOCATION (CITY, STATE)	NAME OF TRAINING	OFFICER / ACADEMY CO	ORDINATOR	CONTACT NUMBER				
					()				
	NAME OF COURSE PRESENTER/ACADEMY		FROM (MM/YYYY)	TO (MM/YYYY)	DID YOU PASS/GRADUATE?				
21.2			/	/	🗌 Yes 🗌 No				
	LOCATION (CITY, STATE)	NAME OF TRAINING	OFFICER / ACADEMY CO	ORDINATOR	CONTACT NUMBER				
					()				

Supplemental POST &	basic course information	included on Page 25	
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22.	Have you ever been subject to any disciplinary action, including academic probation, civil fine, suspension, or expulsion from any high school(s), college/university, business, trade school, or POST basic course/academy?
	IF YES, describe in detail below. Starting with high school, list any and all disciplinary actions received in any school, educational institution, or POST basic course academy. Include when the disciplinary action(s) occurred, name of school(s), and explanation of circumstances.
23.	Since the age of 18, have you cheated on an exam, or assisted another person in cheating on an exam, or participated in cheating on any POST exam?
	IF YES, explain circumstances.
SEC	CTION 4: RESIDENCE HISTORY
24.	LIST OF RESIDENCES
	List all residences during the last 10 years or since age 15.

- Provide complete addresses (include markers such as Street, Drive, Road, East, West, etc., and unit/apt/dormitory). Do NOT use PO Boxes.
 If the residence is a military base, identify name of base in address, nearest city, state, and zip code. Do NOT list military barracks mates
- unless you shared individual quarters.
- If more space is needed, continue your response on page 25.

	ADDRESS WHERE YOU NOW LIVE (NUMBER / STREET / APT)				FROM (N	/M/YYYY)	TO (MM/YYYY)
24.1						1	Present
	CITY	STATE	ZIP	IF RENTING: PROF	PERTY MA	NAGER, RENT CO	LLECTOR, OR OWNER
	MAILING ADDRESS OF PROPERTY MANAGER, RENT COLLECTOR, OR OWNE	R (NUMB	ER / STREET / APT /	PO BOX)		CONTACT NUMBER	
						()	
	CITY	STATE	ZIP	EMAIL			
	Name(s) of those with whom you live:						

	1 2-251 (Rev 2/2018)						
SEC	TION 4: RESIDENCE HISTORY continued						
24.2	FORMER ADDRESS (NUMBER / STREET / APT)				FROM (N	IM/YYYY)	TO (MM/YYYY) /
	CITY	STATE	ZIP	IF RENTING: PRO	PERTY MA	NAGER, RENT CO	DLLECTOR, OR OWNER
	MAILING ADDRESS OF PROPERTY MANAGER, RENT COLLECTOR, OR OWNE	ER (NUMB	ER / STREET / APT /	PO BOX)		CONTACT NUME	ER
	CITY	STATE	ZIP	EMAIL		()	
	Name(s) of those with whom you lived:						
	Reason for moving:						
	FORMER ADDRESS (NUMBER / STREET / APT)				FROM (M	M/YYYY)	ΤΟ (ΜΜ/ΥΥΥΥ)
24.3					1		1
	CITY	STATE	ZIP	IF RENTING: PROP	PERTY MA	NAGER, RENT CC	LLECTOR, OR OWNER
	MAILING ADDRESS OF PROPERTY MANAGER, RENT COLLECTOR, OR OWNE	er (numb	ER / STREET / APT /	PO BOX)		CONTACT NUMB	ER
	CITY	STATE	ZIP	EMAIL		()	
		UIAL	211				
	Name(s) of those with whom you lived:			I			
	Reason for moving:						
24.4	FORMER ADDRESS (NUMBER / STREET / APT)				FROM (M	M/YYYY)	TO (MM/YYYY)
	CITY	STATE	ZIP	IF RENTING: PROP	PERTY MA	NAGER, RENT CC	/ DLLECTOR, OR OWNER
	MAILING ADDRESS OF PROPERTY MANAGER, RENT COLLECTOR, OR OWNE	ER (NUMB	ER / STREET / APT /	PO BOX)		CONTACT NUMB	ER
						()	
	CITY	STATE	ZIP	EMAIL			
	Name(s) of those with whom you lived:						
	Reason for moving:						
24.5	FORMER ADDRESS (NUMBER / STREET / APT)				FROM (M	M/YYYY)	TO (MM/YYYY)
24.0		L			/		1
	CITY	STATE	ZIP	IF RENTING: PROP	PERTY MA	NAGER, RENT CC	DLLECTOR, OR OWNER
	MAILING ADDRESS OF PROPERTY MANAGER, RENT COLLECTOR, OR OWNE	ER (NUMB	ER / STREET / APT /	PO BOX)		CONTACT NUMB	ER
						()	
	CITY	STATE	ZIP	EMAIL			
	Name(s) of those with whom you lived:	<u> </u>	<u> </u>	<u> </u>			
	Reason for moving:						

Supplemental residence information included on page 25

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SEC	TION 4:	RESIDENCE HISTORY continued					
25. L	IST OF HOU	JSEMATES					
	Provide	e contact information for all housemates listed in Question 24 with whom you	have	resided during the	nast 10 vo	are or si	nce age 15
		T list anyone for whom you have already provided contact information.	nave	i resided during the	, past to ye	ui 3 01 31	nee age 10.
		space is needed, continue your response on page 25.					
25.1	NAME OF H	IOUSEMATE			CONTACT NU	MBER	
20.1					()		
		CURRENT ADDRESS IF DIFFERENT (NUMBER / STREET / APT)	CITY	/	•	STATE	ZIP
		NATURE OF RELATIONSHIP (E.G., RELATIVE, LANDLORD, FRIEND, HOUSEMATE ONLY, ETC.)		EMAIL		1	
	NAME OF H	HOUSEMATE		1	CONTACT NU	IMBER	
25.2					()		
		CURRENT ADDRESS IF DIFFERENT (NUMBER / STREET / APT)	CITY	ſ	I	STATE	ZIP
		NATURE OF RELATIONSHIP (E.G., RELATIVE, LANDLORD, FRIEND, HOUSEMATE ONLY, ETC.)	I	EMAIL			
	NAME OF H	IUSEMATE		-	CONTACT NU	IMBER	
25.3							
-0.0					()		
20.0		CURRENT ADDRESS IF DIFFERENT (NUMBER / STREET / APT)	CITY	4	()	STATE	7IP
20.0		CURRENT ADDRESS IF DIFFERENT (NUMBER / STREET / APT)	CITY	Y	()	STATE	ZIP
20.0					()	STATE	ZIP
20.0		CURRENT ADDRESS IF DIFFERENT (NUMBER / STREET / APT)		Y EMAIL	()	STATE	ZIP
		NATURE OF RELATIONSHIP (E.G., RELATIVE, LANDLORD, FRIEND, HOUSEMATE ONLY, ETC.)					ZIP
25.4	NAME OF F						ZIP
	NAME OF F	NATURE OF RELATIONSHIP (E.G., RELATIVE, LANDLORD, FRIEND, HOUSEMATE ONLY, ETC.)		EMAIL		IMBER	
	NAME OF F	NATURE OF RELATIONSHIP (E.G., RELATIVE, LANDLORD, FRIEND, HOUSEMATE ONLY, ETC.)		EMAIL			
	NAME OF F	NATURE OF RELATIONSHIP (E.G., RELATIVE, LANDLORD, FRIEND, HOUSEMATE ONLY, ETC.) HOUSEMATE CURRENT ADDRESS IF DIFFERENT (NUMBER / STREET / APT)	CITY	EMAIL		IMBER	
	NAME OF F	NATURE OF RELATIONSHIP (E.G., RELATIVE, LANDLORD, FRIEND, HOUSEMATE ONLY, ETC.)	CITY	EMAIL		IMBER	
	NAME OF F	NATURE OF RELATIONSHIP (E.G., RELATIVE, LANDLORD, FRIEND, HOUSEMATE ONLY, ETC.) HOUSEMATE CURRENT ADDRESS IF DIFFERENT (NUMBER / STREET / APT)	CITY	EMAIL		IMBER	
25.4		NATURE OF RELATIONSHIP (E.G., RELATIVE, LANDLORD, FRIEND, HOUSEMATE ONLY, ETC.) HOUSEMATE CURRENT ADDRESS IF DIFFERENT (NUMBER / STREET / APT)	CITY	EMAIL		MBER STATE	
		NATURE OF RELATIONSHIP (E.G., RELATIVE, LANDLORD, FRIEND, HOUSEMATE ONLY, ETC.) HOUSEMATE CURRENT ADDRESS IF DIFFERENT (NUMBER / STREET / APT) NATURE OF RELATIONSHIP (E.G., RELATIVE, LANDLORD, FRIEND, HOUSEMATE ONLY, ETC.)	CITY	EMAIL	CONTACT NU	MBER STATE	
25.4		NATURE OF RELATIONSHIP (E.G., RELATIVE, LANDLORD, FRIEND, HOUSEMATE ONLY, ETC.) HOUSEMATE CURRENT ADDRESS IF DIFFERENT (NUMBER / STREET / APT) NATURE OF RELATIONSHIP (E.G., RELATIVE, LANDLORD, FRIEND, HOUSEMATE ONLY, ETC.)	CITY	EMAIL F EMAIL	CONTACT NU	MBER STATE	ZIP
25.4		NATURE OF RELATIONSHIP (E.G., RELATIVE, LANDLORD, FRIEND, HOUSEMATE ONLY, ETC.) HOUSEMATE CURRENT ADDRESS IF DIFFERENT (NUMBER / STREET / APT) NATURE OF RELATIONSHIP (E.G., RELATIVE, LANDLORD, FRIEND, HOUSEMATE ONLY, ETC.)	CITY	EMAIL F EMAIL	CONTACT NU	MBER STATE MBER	ZIP
25.4		NATURE OF RELATIONSHIP (E.G., RELATIVE, LANDLORD, FRIEND, HOUSEMATE ONLY, ETC.) HOUSEMATE CURRENT ADDRESS IF DIFFERENT (NUMBER / STREET / APT) NATURE OF RELATIONSHIP (E.G., RELATIVE, LANDLORD, FRIEND, HOUSEMATE ONLY, ETC.)	CITY	EMAIL F EMAIL	CONTACT NU	MBER STATE MBER	ZIP
25.4		NATURE OF RELATIONSHIP (E.G., RELATIVE, LANDLORD, FRIEND, HOUSEMATE ONLY, ETC.) HOUSEMATE CURRENT ADDRESS IF DIFFERENT (NUMBER / STREET / APT) NATURE OF RELATIONSHIP (E.G., RELATIVE, LANDLORD, FRIEND, HOUSEMATE ONLY, ETC.) HOUSEMATE CURRENT ADDRESS IF DIFFERENT (NUMBER / STREET / APT)	CITY	EMAIL Y EMAIL	CONTACT NU	MBER STATE MBER	ZIP

Supplemental housemate information included on page 25

26.	Have you ever been evicted or asked to leave a residence?	🗌 No
27.	Have you ever left a residence owing rent, utilities, or other household expenses?	No No

If you answered "YES" to Questions 26 and/or 27, explain (include when, where, and circumstances):

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SECTION 5: EXPERIENCE AND EMPLOYMEN	SECTION 5:	EXPERIENCE	AND EMPL	OYMENT
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28. JOB EXPERIENCE

- List ALL jobs you have had, including part-time, temporary, self-employment, and volunteer. (Begin with your current or most recent.)
- If you have military experience, including reserve duty, enter your military base, assignments, or unit of assignment.
- List ALL periods of unemployment in excess of 30 days.
- If more space is needed, continue your response on page 25.

	NAME OF CURRENT EMPLOYER OR MILITARY UNIT					FROM (MM/YYYY)	TO (MM/YYYY)			
28.1						/	1			
	ADDRESS (NUMBER / STREET / SUITE / OR BASE)				CONTAC	TNUMBER	EXT			
					()	1				
	CITY		STATE	ZIP	EMAIL					
	JOB TITLE / RANK					CHECK ALL THAT APPL				
						Temp Self-empl	oyed 🗌 Volunteer			
	DUTIES / ASSIGNMENTS			REASON FOR	REASON FOR LEAVING					
	SUPERVISOR	CONTACT NUMBER	EXT.	EMAIL						
		()								
	NAMES OF CO-WORKERS	CONTACT NUMBER	EXT.	EMAIL						
	1)	()								
	2)	()								
	Would there be a problem if we contact y	our current employer?					. Yes No			
	IF YES, explain:									
	PERIOD OF UNEMPLOYMENT (CHECK APPLICABLE))				FROM (MM/YYYY)	TO (MM/YYYY)			
28.2	Student Between jobs Lea	ve of absence	Other:			1	1			
	NAME OF EMPLOYER OR MILITARY UNIT					FROM (MM/YYYY)	TO (MM/YYYY)			
28.3							/			
	ADDRESS (NUMBER / STREET / SUITE / OR BASE)				CONTAC	/ T NUMBER	EXT			
	ADDITEO (NONDER / OTTEE / OUTE / OT DAGE)					TROMBER	LAI			
	CITY		STATE	7IP	EMAIL					
			OWNE	211	LIVIUL					
	JOB TITLE / RANK			TYPE OF EMP		CHECK ALL THAT APPL	Y)			
						Temp Self-emplo				
	DUTIES / ASSIGNMENTS			REASON FOR						
	SUPERVISOR	CONTACT NUMBER	EXT.	EMAIL						
		()								
	NAMES OF CO-WORKERS	CONTACT NUMBER	EXT.	EMAIL						
	1)	()								
	2)									
	<i>∠)</i>	()								
	PERIOD OF UNEMPLOYMENT (CHECK APPLICABLE))				FROM (MM/YYYY)	TO (MM/YYYY)			
28.4	Student 🔲 Between jobs 🗌 Leav	ve of absence 🔲 Travel 🗌	Other:			1	1			
							1			

	T 2-251 (Rev 2/2018)						
SEC.	TION 5: EXPERIENCE AND EMPLOYM	ENT continued					
20 E	NAME OF EMPLOYER OR MILITARY UNIT					FROM (MM/YYYY)	TO (MM/YYYY)
28.5						/	/
-	ADDRESS (NUMBER / STREET / SUITE / OR BASE)				CONTACT	NUMBER	EXT
					()		
	CITY		STATE	ZIP	EMAIL		
	JOB TITLE / RANK					CHECK ALL THAT APPI	
						Temp Self-emplo	yed 🗌 Volunteer
	DUTIES / ASSIGNMENTS			REASON FOR	LEAVING		
	SUPERVISOR	CONTACT NUMBER	EXT.	EMAIL			
		()					
	NAMES OF CO-WORKERS	CONTACT NUMBER	EXT.	EMAIL			
	1)	()					
	2)	()					
-		ı 	I				
28.6			Other			FROM (MM/YYYY)	TO (MM/YYYY)
	Student Between jobs Leav	e of absence I ravel	Other:			/	/
	NAME OF EMPLOYER OR MILITARY UNIT					FROM (MM/YYYY)	TO (MM/YYYY)
28.7						1	1
	ADDRESS (NUMBER / STREET / SUITE / OR BASE)				CONTACT	NUMBER	EXT
					()		
	CITY		STATE	ZIP	EMAIL		
	JOB TITLE / RANK			TYPE OF EMP	PLOYMENT (CHECK ALL THAT APPI	-Y)
				FT C] PT 🔲 '	Temp Self-emplo	yed 🗌 Volunteer
	DUTIES / ASSIGNMENTS			REASON FOR	LEAVING		
	SUPERVISOR		EXT.	EMAIL			
			EVT	E 1 4 4 1			
	NAMES OF CO-WORKERS		EXT.	EMAIL			
	1)	()					
	2)	()					
	PERIOD OF UNEMPLOYMENT (CHECK APPLICABLE)	•	-	•		FROM (MM/YYYY)	TO (MM/YYYY)
28.8	Student Between jobs Leav		Other:			/	/
						,	,
	NAME OF EMPLOYER OR MILITARY UNIT					FROM (MM/YYYY)	TO (MM/YYYY)
28.9						1	1
	ADDRESS (NUMBER / STREET / SUITE / OR BASE)				CONTACT	NUMBER	EXT
					()		
	CITY		STATE	ZIP	EMAIL		
	JOB TITLE / RANK						
						Temp Self-emplo	yed U Volunteer
	DUTIES / ASSIGNMENTS			REASON FOR	LEAVING		
				ENAU			
	SUPERVISOR		EXT.	EMAIL			
			EVT	EMAU			
	NAMES OF CO-WORKERS		EXT.	EMAIL			
	1)	()					
	2)	()					

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SEC	TION 5: EXPERIENCE AND EMPLOYM	IENT continued				
	PERIOD OF UNEMPLOYMENT (CHECK APPLICABLE	Ξ)			FROM (MM/YYYY)	TO (MM/YYYY)
28.10	🗌 Student 🔲 Between jobs 🗌 Lea	ve of absence 🛛 Travel 🛛	Other:		1	1
28.11	NAME OF EMPLOYER OR MILITARY UNIT				FROM (MM/YYYY)	TO (MM/YYYY)
20.11					/	/
	ADDRESS (NUMBER / STREET / SUITE / OR BASE)			CO	NTACT NUMBER	EXT
				()	
	CITY		STATE ZI	P EM	AIL	
	JOB TITLE / RANK				MENT (CHECK ALL THAT AP	
					Temp Self-emp	oloyed 🗌 Volunteer
	DUTIES / ASSIGNMENTS			REASON FOR LEA	VING	
	SUPERVISOR	CONTACT NUMBER	EXT.	EMAIL		
		()				
	NAMES OF CO-WORKERS	CONTACT NUMBER	EXT.	EMAIL		
	1)	()				
	2)	()		1		
		× /				
	PERIOD OF UNEMPLOYMENT (CHECK APPLICABLE	Ξ)			FROM (MM/YYYY)	TO (MM/YYYY)
28.12	🗌 Student 🔲 Between jobs 🗌 Lea	ve of absence 🔲 Travel [Other:		1	1
-						
28.13	NAME OF EMPLOYER OR MILITARY UNIT				FROM (MM/YYYY)	TO (MM/YYYY)
					1	/
	ADDRESS (NUMBER / STREET / SUITE / OR BASE)			CO	NTACT NUMBER	EXT
				()	
	CITY		STATE ZI	P EM/	AIL	
	JOB TITLE / RANK				MENT (CHECK ALL THAT AP	
					Temp Self-emp	oloyed U Volunteer
	DUTIES / ASSIGNMENTS			REASON FOR LEA	VING	
	SUPERVISOR	CONTACT NUMBER	EXT.	EMAIL		
		()				
	NAMES OF CO-WORKERS	CONTACT NUMBER	EXT.	EMAIL		
	1)	()				
	2)	()				
		-				
28.14		,	7.04		FROM (MM/YYYY)	TO (MM/YYYY)
	Student Between jobs Lea	ve of absence Travel	Other:		/	1
Supp	lemental employment information included	l on Page 25 🗌				
29. I	Have you ever been disciplined at work? (T	his includes written warnings, fo	ormal letters of	counseling,		
r	eprimands, suspensions, reductions in pay	, reassignments, or demotions.)			Yes No
	lave you ever been fired, released from pr	abation or calked to region from		maley ment?		
30. 1	Have you ever been fired, released from pr	obation, or asked to resign from	any place of e	employment?		∐ Yes ∐ No
31 \	Nere you ever involved in a physical/verba	altercation with a supervisor of	o-worker or ci	istomer?		Yes No
91. 1		attoroution with a supervisor, t	o worker, or et			
32.	Have you ever quit without giving proper no	tice?				∏Yes ∏No
33. I	Have you ever resigned in lieu of termination	n?				Yes No
34.	Have you ever been accused of discriminat	the deviate and encount to a second				
	by a co-worker, superior, subordinate or cu					☐ Yes ☐ No

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SE	CTION 5: EXPERIENCE AND EMPLOYMENT continued		
35.	Were you ever the subject of a written complaint at work that resulted in disciplinary action against you?	🗌 Yes	🗌 No
36.	Have you ever been counseled at work due to lateness or absences?	🗌 Yes	🗌 No
37.	Did you ever receive an unsatisfactory performance review?	🗌 Yes	No No
38.	Have you ever sold, released, or given away legally confidential information?	🗌 Yes	No No
39.	Have you ever called in sick when you were neither sick nor caring for a sick family member? IF YES, how many sick days have you used in the past five years which were not due to illness? Days	🗌 Yes	No No
40.	While working (i.e. on duty), have you ever engaged in sexual intercourse or the unwarranted touching of the intimate body parts of another person while working (i.e. on duty)? (NOTE: Do not include <i>lawful</i> contact such as pat searches in law enforcement duties and/or training.)	🗌 Yes	No
41.	While working (i.e. on duty), have you ever sent photographs of yourself or others, showing nudity or depicting sexual acts, to co-workers or other persons without prior authorization and/or consent? (NOTE: Do not include <i>lawful</i> exchange of investigative content and/or evidence pursuant to official law enforcement investigations.)	🗌 Yes	No
	If you answered "YES" to any of Questions 29–41, explain (include when, where, and circumstances – reference corresponded and the second secon	ng numbers)	
Sup	oplemental employment information included on Page 25		
42.	In the past three years, have you missed days or been late to work due to drug or alcohol consumption?	🗌 Yes	No

	If YES, how often?		
43.	Has your work performance ever been affected by your us	e of alcohol or drugs? Yes	No No
	IF YES, when?	Name of employer:	
44.	the second se	oloyer about your drinking or drug habits and their impact	No No
	IF YES, when?	Name of employer:	

45. Have you ever applied for any position at this or any other law enforcement agency (city, county, state, or federal)?.....

• If you answered "YES" to Question 45, list EVERY agency you have applied to, starting with the most recent.

• Give complete and accurate addresses.

All agencies MUST be listed regardless of the outcome or current status. Check all boxes that apply for each agency.

• If more space is needed, continue your response on page 25.

	NAME OF LAW ENFORCEMENT AGENCY					(Y)
45.1		1				
	ADDRESS (NUMBER / STREET)			BACKGROUND IN	VESTIGATOR'S NAME (IF	KNOWN)
	CITY	STATE	ZIP	CONTACT NUMBE	R	EXT
				()		
	POSITION APPLIED FOR		EMAIL			
	CHECK EACH STEP IN THE PROCESS THAT YOU COMPLETED, AND YOUR STATUS:					
	STEP: Application Written Physical Ability Oral Poly	/graph/C	VSA Back	ground Chi	ef's Oral 🔄 Condit	ional Offer
	STATUS: Hired On Eligibility List Withdrew Disqualified	List Ex	pired Othe	er (explain)		

SECT	ION 5: EXPERIENCE AND EMPLOYMENT continued					
	NAME OF LAW ENFORCEMENT AGENCY				DATE APPLIED (MM/YYY	Ύ)
45.2					1	
	ADDRESS (NUMBER / STREET)			BACKGROUND IN	IVESTIGATOR'S NAME (IF	KNOWN)
					, , , , , , , , , , , , , , , , , , ,	,
	CITY	STATE	710	CONTACT NUMBE	-D	EXT
		SIAIL	ZIF			LAI
			5144	()		
	POSITION APPLIED FOR		EMAIL			
	CHECK EACH STEP IN THE PROCESS THAT YOU COMPLETED, AND YOUR STATUS:					
	STEP: Application Written Physical Ability Oral Poly	-				ional Oller
	STATUS: Hired On Eligibility List Withdrew Disqualified	List Ex	pired Othe	er (explain)		
						0.0
45.3	NAME OF LAW ENFORCEMENT AGENCY				DATE APPLIED (MM/YYY	Y)
					/	
	ADDRESS (NUMBER / STREET)			BACKGROUND IN	IVESTIGATOR'S NAME (IF	KNOWN)
	CITY	STATE	ZIP	CONTACT NUMBE	ER	EXT
				()		
	POSITION APPLIED FOR		EMAIL	1		
	CHECK EACH STEP IN THE PROCESS THAT YOU COMPLETED, AND YOUR STATUS:					
	STEP: Application Written Physical Ability Oral Poly	/graph/C	VSA 🗌 Back	ground 🗌 Chi	ef's Oral 🛛 🗌 Condit	ional Offer
	STATUS: 🔲 Hired 🔲 On Eligibility List 🗌 Withdrew 🗌 Disqualified 🗌	List Ex	pired Othe	er (explain)		
	NAME OF LAW ENFORCEMENT AGENCY				DATE APPLIED (MM/YYY	Y)
45.4					1	
	ADDRESS (NUMBER / STREET)			BACKGROUND IN	VESTIGATOR'S NAME (IF	KNOWN)
	CITY	STATE	ZIP	CONTACT NUMBE	ER	EXT
				()		
	POSITION APPLIED FOR		EMAIL	1		
	CHECK EACH STEP IN THE PROCESS THAT YOU COMPLETED, AND YOUR STATUS:					
	STEP: Application Written Physical Ability Oral Poly	/graph/C	VSA 🗌 Back	ground 🗌 Chi	ef's Oral 🛛 Condit	ional Offer
	STATUS: 🔲 Hired 🔲 On Eligibility List 🔲 Withdrew 🔲 Disqualified 🗌	List Ex	pired 🗌 Othe	er (explain)		
	NAME OF LAW ENFORCEMENT AGENCY				DATE APPLIED (MM/YYY	Ύ)
45.5					1	
	ADDRESS (NUMBER / STREET)			BACKGROUND IN	IVESTIGATOR'S NAME (IF	KNOWN)
	CITY	STATE	ZIP	CONTACT NUMBE	ER	EXT
				()		
	POSITION APPLIED FOR		EMAIL			
	CHECK EACH STEP IN THE PROCESS THAT YOU COMPLETED, AND YOUR STATUS:					
	STEP: Application Written Physical Ability Oral Poly	/graph/C	VSA 🗌 Back	ground 🗌 Chi	ief's Oral 🔲 Condit	ional Offer
	STATUS: Hired On Eligibility List Withdrew Disqualified	-		er (explain)		

SEC	TION 5: EXPERIENCE AND EMPLOYMENT continued					0.0
45.6	NAME OF LAW ENFORCEMENT AGENCY				DATE APPLIED (MM/YYY	(Y)
	ADDRESS (NUMBER / STREET)				/ IVESTIGATOR'S NAME (IF	
	ADDRESS (NUMBER / STREET)			BACKGROUND IN	VESTIGATOR S NAME (IF	KNOWN)
	CITY	STATE	ZIP	CONTACT NUMBE	ER	EXT
		STATE	ZIF			
	POSITION APPLIED FOR		EMAIL	()		
	CHECK EACH STEP IN THE PROCESS THAT YOU COMPLETED, AND YOUR STATUS:					
	STEP: Application Written Physical Ability Oral Po	lygraph/C	VSA 🗌 Back	ground 🗌 Chi	ief's Oral 🛛 🗌 Conditi	ional Offer
	STATUS: Hired On Eligibility List Withdrew Disqualified	List Ex	pired Other	er (explain)		
45.7	NAME OF LAW ENFORCEMENT AGENCY				DATE APPLIED (MM/YYY	(Y)
					/	
	ADDRESS (NUMBER / STREET)			BACKGROUND IN	IVESTIGATOR'S NAME (IF	KNOWN)
	CITY	STATE	710	CONTACT NUMBE	ED.	EXT
		STATE	ZIP		1K	EXT
	POSITION APPLIED FOR		EMAIL	()		
	CHECK EACH STEP IN THE PROCESS THAT YOU COMPLETED, AND YOUR STATUS;					
	STEP: Application Written Physical Ability Oral Po	lygraph/C	VSA 🗌 Back	ground 🗌 Chi	ief's Oral 🛛 Condit	ional Offer
	STATUS: Hired On Eligibility List Withdrew Disqualified [List Ex	pired 🗌 Oth	er (explain)		
	Supplemental employment information is included on Page 25 🗌					
SEC	CTION 6: MILITARY EXPERIENCE					
40	Are you required to register for the Selective Service?					es 🗌 No
46.	IF YES, have you registered?					
	IF NO, explain:					
47	Have you ever served in the military?					es 🗌 No
47.						
40	If you answered "VES" to Question 17 include the following convice informa	tion				
48.	If you answered "YES" to Question 47, include the following service informa	tion:				200
	BRANCH OF SERVICE			FROM (MM/YYY	Y) TO (MM/YY)	YY)
	TYPE OF DISCHARGE			/		1
	Entry Level Honorable General OTH (Ot	her than	Honorable)	Bad Condu	ict 🗌 Dishonorat	hle
	Re-entry Code (1–4) if applicable – refer to your DD-214:		(interference)			510
49.	Are you currently participating in one of the following?					
	Military Reserve National Guard IF CHECKED, date obligation	ion ends	(MM/DD/YY):			
50.	Have you ever been the subject of any judicial or non-judicial disciplinary ac office hours, company punishment)?					es 🗌 No
	once nours, company punishment)?				re	
51.	Were you ever denied a security clearance, or had a clearance revoked, su	spended	, or downgrade	d?	Ye	es 🗌 No
52	Have you ever taken military property without permission for personal use, t		to give away?			es 🗌 No
52.	have you ever taken minitary property without permission for personal USe, t	0 501, 01	to give away?		те	
	If you answered "YES" to any of Questions 50-52, explain (include dates a	nd circur	nstances).			
			/-			
-						
-						

Supplemental military information included on Page 25

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SECTION 7: FINANCIAL

53. INCOME AND EXPENSES

- For each of the following questions (53A and B), fill in the amounts to the nearest dollar.
- For Question 53A: Provide your total monthly disposable income. Include money from investments, rental income, alimony, side businesses, etc.
- For Question 53B: Estimate your monthly living expenses. Include housing, utilities, credit cards or other loan payments, food, gas and car maintenance, entertainment, etc., as well as any other obligations you may have.

	A) What is your total monthly disposable income? \$ per l	month
	B) How much do you spend each month? \$ per r	month
54.	Have you ever filed for or declared bankruptcy (Chapter 7, 11 or 13)?	No No
55.	Have any of your bills ever been turned over to a collection agency?	🗌 No
56.	Have you ever had purchased goods repossessed?	🗌 No
57.	Have your wages ever been garnished?	🗌 No
58.	Have you ever been delinquent on income or other tax payments?	🗌 No
59.	Have you ever failed to file income tax or cheated/lied on an income tax form?	No No
60.	Have you ever had an employment bond refused?	No No
61.	Have you ever avoided paying any lawful debt by moving away?	No No
62.	Have you ever defaulted on (failed to pay) a loan?	No No
63.	Have you ever borrowed money to pay for a gambling debt?	□ No □ No
64.	Have you ever spent money for illegal purposes (e.g., illegal drugs, prostitution, purchase of fraudulent documents, etc.)?	□ No
65.	Have you ever failed to make or been late on a court-ordered payment (e.g., child support, alimony, restitution, etc.)?	🗌 No
66.	Have you written three or more bad checks in a one-year period?	🗌 No

If you answered "YES" to any of Questions 54-66, explain (include when, where, and why - reference corresponding numbers).

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SECTION 8: LEGAL

Disclosure of Arrests and Convictions

•	This section requires you to report detentions, arrests, and convictions, including diversion programs that were not successfully completed,
	and in some cases, offenses that may have been pardoned. As a peace officer applicant, you are required to disclose this information,
	unless specifically exempted by state or federal law. It is strongly recommended that you consult with an attorney before omitting
	any information.

• If more space is needed, continue your response on page 25.

	Have you EVER been detained by law enforcement for investigation, arrested, indicted, charged, or convicted of any misdemeanor or felony offense in this state or any other legal jurisdiction (including offenses in the Uniform Code of Military Justice)?								
67.1	CHARGE	APPROX DATE (MM/YYYY)	ARRESTING OR DETAINING AGENCY						
07.1		1							
	DISPOSITION OR PENALTY	•	•						
-			·						
67.2	CHARGE	APPROX DATE (MM/YYYY)	ARRESTING OR DETAINING AGENCY						
67.2		/							
	DISPOSITION OR PENALTY								

Supplemental disclosure information included on Page 25

68.	Have you ever been placed on court probation?	Yes	🗌 No
69.	Were you ever required to appear before a juvenile court for an act which would have been a crime if committed as an adult?	Yes	No
70.	Have you ever been a party in a civil lawsuit (e.g., small claims actions, dissolutions, child custody, paternity, support, etc.)?	Yes	No
71.	Have the police ever been called to your home for any reason?	Yes	🗌 No
72.	Have you or your spouse/partner ever been referred to Child Protective Services?	Yes	🗌 No
73.	Have you ever been the subject of an emergency protective order/restraining order/stay-away order?	Yes	🗌 No
74.	Have you settled any civil suit in which you, your insurance company, or anyone else on your behalf was required to make payment to the other party?	Yes	No
75.	Have you ever fraudulently received welfare, unemployment compensation, workers' compensation, or other state or federal assistance?	Yes	No
76.	Have you ever been required to repay any welfare payments, unemployment compensation, or other state or federal assistance?	Yes	No
77.	Have you ever filed a false insurance or workers' compensation claim?	Yes	No No
	If you answered "YES" to any of Questions 68-77 , explain (include court case or document, dates, and circumstance numbers). If more space is needed, continue your response on page 25.	s – reference corresp	ponding

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SECT	SECTION 8: LEGAL continued						
► In	volvement in Criminal Acts – Part 1						
78. H	. Have you committed any of the following acts within the past seven (7) years? (You do NOT have to report any acts committed prior to age 15.)						
•	You MUST include any acts committed at any time after you were first employed in law enforcement, including as a Police Explorer/ Police Cadet. NOTE: You may NOT withhold any information regarding your involvement in any of the following acts, even if federal or star relieved you from reporting the detention, arrest, or conviction that arose from it.	ite law					
78.1	Animal abuse and/or neglect	No No					
78.2	Annoying, obscene, or harassing contacts by telephone or other electronic communication device	🗌 No					
78.3	Battery (use of force or violence upon another)	🗌 No					
78.4	Brandishing a weapon (any type of weapon)	No No					
78.5	Carrying a concealed weapon without a permit	No No					
78.6	Contributing to the delinquency of a minor	No No					
78.7	Defrauding an innkeeper (not paying for food or room at a hotel/motel, campground, etc.)	🗌 No					
78.8	Driving a vehicle or operating a boat/vessel while under the influence of alcohol and/or drugs	🗌 No					
78.9	Drunk in public (being so intoxicated in a public place that you're not able to care for yourself)	🗌 No					
78.10	Filing a false police report	🗌 No					
78.11	Hit & run collision (no injuries)	No No					
78.12	Illegal gambling	No No					
78.13	Illegal hunting and/or fishing (for example, without a license, out of season)	No No					
78.14	Impersonating a peace officer (pretending to be a police officer)	No No					
78.15	Indecent exposure and/or lewd or obscene conduct	No No					
78.16	Intentionally writing a bad check	🗌 No					
78.17	Joyriding (using a car or other vehicle without owner's permission)	🗌 No					
78.18	Peeping (including, but not limited to, looking through a window or opening with the intent to invade someone's privacy)	🗌 No					
78.19	Petty theft (value up to \$950, including shoplifting/switching price tags) Yes	🗌 No					
78.20	Possession of alcohol as a minor (under the age of 21)	🗌 No					
78.21	Possession of falsified or altered identification, including use of another person's ID (for any reason)	🗌 No					
78.22	Possession of stolen property (including, but not limited to, vehicles, credit/debit cards, etc.)	No No					
78.23	Prostitution or solicitation of prostitution (including, but not limited to, patronizing illegal massage parlors)	No No					
78.24	Reckless driving	No No					
78.25	Resisting arrest and/or delaying or obstructing an officer (including, but not limited to, running from the police)	No No					
78.26	Trespassing	No No					

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	TON 8: LEGAL continued
78.27	Vandalism (including, but not limited to, "tagging," malicious mischief, and/or property damage)
78.28	Any other act amounting to a misdemeanor
•	If you answered "YES" to ANY of the item(s) in Question 78 , fully explain circumstances, including dates, names of individuals involved, and resolution. <i>Reference the corresponding number (e.g., 78.5) for each explanation.</i> If more space is needed, continue your response on page 25.
-	

Supplemental legal information included on Page 25

► Inv	Involvement in Criminal Acts – Part 2						
79. A	a. At any time in your life, have you EVER committed any of the following acts?						
	NOTE: You may NOT withhold any information regarding your involvement in any of the following acts, even if federal or state law relieved you from reporting the detention, arrest, or conviction that arose from it.						
79.1	Arson (intentionally destroying property by setting a fire)	🗌 No					
79.2	Assault with a deadly weapon (struck or threatened to strike someone with an instrument likely to cause great bodily injury or death)	□ No					
79.3	Blackmail or extortion	🗌 No					
79.4	Burglary (entering a structure or vehicle to commit theft or other crime)	🗌 No					
79.5	Child molestation (performing unlawful acts with a child, inappropriate touching of a child)	🗌 No					
79.6	Elder abuse and/or neglect (physical and/or financial)	🗌 No					
79.7	Embezzlement (theft of money or other valuables entrusted to you)	🗌 No					
79.8	Felony drunk driving (involving injuries)	🗌 No					
79.9	Felony illegal sex acts	🗌 No					
79.10	Forcible rape	🗌 No					
79.11	Forgery (falsifying any type of document, check certificate, license, currency, etc.)	🗌 No					
79.12	Fraudulent use of a credit, ATM, debit, and/or check card	🗌 No					
79.13	Grand theft (value of over \$950, automobile, any firearm)	🗌 No					
79.14	Hit & run (with injuries)	🗌 No					
79.15	Hate crime	🗌 No					
79.16	Insurance fraud	🗌 No					
79.17	Murder, homicide, attempted murder, or assault with intent to commit murder	🗌 No					
79.18	Perjury (lying under oath)	🗌 No					
79.19	Possession of an explosive/destructive device	🗌 No					
79.20	Robbery (theft from another person using a weapon, force, or fear)	🗌 No					

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SECT	ION 8: LEGAL continued
79.21	Stalking Yes No
79.22	Theft of a vehicle and/or vehicle parts
79.23	Viewing and/or possessing child pornography
79.24	Any other act amounting to a felony
•	If you answered "YES" to ANY of the item(s) in Question 79 , fully explain circumstances, including dates, names of individuals involved, and resolution. <i>Reference the corresponding number (e.g., 79.3) for each explanation.</i> <i>If more space is needed, continue your response on page 25.</i>
N 111	
	egal Use of Drugs

•	For the purpose of responding to the following questions, "illegal drugs" ir or over-the-counter drugs; it also includes the illegal use of any other sub	
•	Your responses should include — but not be limited to — your use of an	ny of the following:
	 Amphetamines / Methamphetamines (Uppers, Speed, Crank, etc) 	 Marijuana (with or without a prescription)
	 Barbiturates (Downers) 	► Mescaline
	Cocaine / Crack Cocaine	► Morphine
	 Designer Drugs (Ecstasy, Synthetic Heroin, etc.) 	PCP / Angel Dust
	► GHB (Date Rape Drug)	► Quaaludes
	 Hallucinogens (Peyote, LSD, Mushrooms) 	► Steroids
	Hashish / Hashish Oil	 Tetrahydrocannabinal (THC)
	Heroin / Opium	 Glue, paint, or any substance containing toluene
80.	<i>Within the past six months</i> , have you used any drug(s) as indicated above IF YES, give details including <i>drug(s) used</i> , <i>most recent date used</i> , and	
81.	Prior to the past six months:	
	I have <i>never</i> used any drug recreationally.	
	I have tried or used one or more drugs, but only under <i>limited</i> circum <i>events, etc.</i>)	stances (for example, experimentation, at parties, concerts, special
	IF YOU CHECKED BOX 2, give details including <i>drug(s) used</i> , <i>most rece</i>	ent date used, and circumstances:

POS ⁻ SEC 82.	T 2-251 (Rev 2/20 TION 8: LEGA Have you EVER	L continued engaged in any of the act	tivities listed below inv	olving drugs, narco		es, including marijuana and/or prescription
	drugs without a p	prescription? Yes	Purchased	Furnished	es (mark all that apply	<i>):</i> ☐ Carried or Held for Another
	IF ANY ITEM IS	CHECKED, give details ir	ncluding drug(s) invo	lved, over what til	ne period(s), and circ	umstances.
 83. During the <i>past five years</i>, have you associated with friends, acquaintances, housemates, or family members who have illegally used drugs or narcotics, and/or illegally used prescription medications? Yes No IF YES, explain: 						
	<u> </u>	formation included on Pa	-			
	Current Driver's	DR VEHICLE INFORMA	TION			
		LICENSE NUMBER	EXPIRATION	DATE (MM/DD/YYYY)	NAME UNDER WHICH LICE	INSE WAS GRANTED

85. List other states where you have been licensed to operate a motor vehicle:

	,		
STATE OF ISSUE	LICENSE NUMBER (IF KNOWN)	TYPE OF LICENSE	NAME UNDER WHICH LICENSE WAS GRANTED
		•	

86.	Have you ever been refused a driver's license by any state? Yes No IF YES, explain (include when, where, and circumstances):
87.	Has your driver's license ever been suspended or revoked?

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SEC	TION 9: MOTOR VEHICLE INFORMATION contin	nued							
88.	List your current liability insurance on your vehicle(s).								
88.1	TYPE OF COVERAGE	VEHICLE	MAKE		YEAR (YY	YY)	VEHICLE LIC	CENSE	
	Insured Bonded Cash Deposit			POLICY NUMBER				EXPIRATION DATE (M	
				TOLIOT NOMBER					
	ADDRESS (NUMBER/STREET)	CITY			STATE	ZIP		CONTACT NUMBER	
								()	
	TYPE OF COVERAGE	VEHICLE	MAKE		YEAR (YY	YY)	VEHICLE LIG	CENSE	
88.2	Insured Bonded Cash Deposit								
	INSURANCE COMPANY			POLICY NUMBER				EXPIRATION DATE (M	M/DD/YYYY)
								/ /	
	ADDRESS (NUMBER/STREET)	CITY			STATE	ZIP			
	TYPE OF COVERAGE	VEHICLE	MAKE		YEAR (YY	<u>vv</u>)	VEHICLE LI		
88.3	Insured Bonded Cash Deposit	VEHICLE				11)	VEHICLE EN	JENGE	
	INSURANCE COMPANY			POLICY NUMBER				EXPIRATION DATE (M	M/DD/YYYY)
								1 1	
	ADDRESS (NUMBER/STREET)	CITY			STATE	ZIP		CONTACT NUMBER	
								()	
89	Have you received any traffic citations, excluding park	king citation	s within	the past seven ve	ars 🗌	Yes		YES, give details	below
	NATURE OF VIOLATION			N (STREET)		CITY		· _ c, g. · c como	STATE
89.1									
				_		•		_	
	Month: Year:		ot Guilty	Fined			c School	Dismisse	
89.2	NATURE OF VIOLATION		LOCATION	N (STREET)		CITY			STATE
	DATE VIOLATION OCCURRED AC	TION TAKEN							
	Month: Year:	🗆 N	ot Guilty	Fined		Traffi	c School	Dismisse	d
	NATURE OF VIOLATION		LOCATION	I (STREET)		CITY			STATE
89.3									
	DATE VIOLATION OCCURRED AC Month: Year:		ot Guilty	Fined		Troffi	c School	🗌 Dismisse	d
			ot Ounty			ITam	COCHOOL		u
90.	Has a traffic citation ever resulted in a warrant or caus	sed your dri	ver's lice	nse to be withheld d	ue to the	followi	ng (check	all that apply):	
	Failed to Appear	ed to Compl	ete Traffi	c School 🛛 🗌 F	ailed to P	ay the	Required I	Fine	
	IF CHECKED, explain circumstances:								
91	Have you been involved as the driver in a motor vehicl	le accident	within th	e past seven vears	?			□ Yes	No
	F YES, give details below.			, , , , , , , , , , , , , , , , , , ,					
	DATE OF ACCIDENT (MM/YYYY) LOCATION (STREET)				CITY				STATE
91.1	/								
	POLICE REPORT LAW ENFORCEMENT AGENC	CY			AT FAULT?			THE ACCIDENT?	
	Yes No				Ves		No	Injury Non-	
91.2	DATE OF ACCIDENT (MM/YYYY) LOCATION (STREET)				CITY				STATE
	/ POLICE REPORT LAW ENFORCEMENT AGENC	NV			AT FAULT?		MAS	THE ACCIDENT?	
								Injury Non-	injury
					-				

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SECTION 9: MOTOR VEHICLE INFORMATION continued											
91.3	DATE OF ACCIDENT (MM/YYYY) LOCATION (STREET)		CITY		CITY			STATE			
	POLICE REPORT	No	LAW ENFORCEMENT A	GENCY		AT FAULT?	WAS THE ACCIDI	ENT?	injury		
92.	92. Have you ever driven a vehicle without auto insurance, as required by law? Yes No IF YES, GIVE REASON FROM (MM/YYYY) TO (MM/YYYY)										
93.	 93. Have you ever been refused automobile liability insurance or a bond, or had them cancelled? Yes No 										
	IF YES, GIVE REASON							DATE (MM/YYYY) /			
				INSURANCE COMPANY				•			

Supplemental motor vehicle information included on page 25

SECTION 10: OTHER TOPICS									
94.	Have you ever been refused a permit to carry a concealed weapon?	No No							
95.	Are you now, or have you ever been, a member or associate of a criminal enterprise, street gang, or any other group that advocates violence against individuals because of their race, religion, political affiliation, ethnic origin, nationality, gender, sexual preference, or disability?	🗌 No							
96.	Other than in self-defense, have you ever used force or violence against another person with whom you have had a dating, romantic or intimate relationship with, or who resided in the same household as you?	No							
97.	Since the age of 15, have you ever been involved in an anger-provoked physical fight, confrontation or other violent act?	No No							
98.	Do you have, or have you ever had, a tattoo signifying membership in, or affiliation with, a criminal enterprise, street gang, or any other group that advocates violence against individuals because of their race, religion, political affiliation, ethnic origin, nationality, gender, sexual preference, or disability?	🗌 No							
	If you answered "YES" to any of Questions 94–98 , give details including dates and circumstances – reference corresponding numbers).								

SECTION 11: CERTIFICATION

99. I hereby certify that I have personally completed and initialed each page of this form and any attached supplemental page(s), and that all statements made are true and complete to the best of my knowledge and belief. I understand that any misstatement of material fact may subject me to disqualification; or, if I have been appointed, may disqualify me from continued employment.

Signature in Full:

Date:

Use the following page to continue your responses, if/as appropriate. Be sure to review all responses carefully and provide additional information, as necessary. Reference corresponding question/item numbers.

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SUPPLEMENTAL INFORMATION

- Use this space to provide information that does not fit elsewhere on this form (e.g., additional family members, schools, residences, employers, explanations to questions, etc.). Reference the corresponding questions and/or specific items.
- · You may print copies of this page as needed. If you are filling in this page online, text will flow to additional pages automatically.